"*Pragmatism in evidence synthesis and translation; a perspective on the evaluation of systems transformation*"

Dr Sally Fowler Davis
@sallyfowlerdav1
s.fowler-davis@shu.ac.uk

"The discipline of *evaluation* …..evaluation is based on the insight that evaluative thinking, techniques, practice, …….data systematically collected and appropriately tied to users'
Patton, M. Q. (2016). The state of the art and practice of developmental evaluation. Developmental evaluation exemplars, 1-24.

Extended Primary Care Programme. (Prime Minister's Challenge 2015/6)

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Enhanced Primary Care Programme (EPCP)

- 2nd wave of Prime Minister's Challenge Fund
  "… help improve access to general practice and stimulate innovative ways of providing primary care services."

- £9,311,248
- 87 GP Practices
- 16 schemes of new primary care practice including pharmacy, integrated care in multidisciplinary teams, new technology and Out of Hours services
- Some new, some extending existing services adopted city wide
- Impact assessment
  - Changing how patients use the primary care system
  - Increasing patient self management
  - Reducing the use of secondary care
  - Service redesign and workforce development

The data available for synthesis in this complex evaluation

Realist synthesis is pragmatic!

1. Anonymised patient-level quantitative data was available of only 4 schemes including Out of Hours - but not able to link to Hospital Episode statistics

(so no attribution possible based on pre and post analysis)

2 . Aggregate usage statistics for Acute Same Day, Roving GP, Web GP including

- patient survey
- economic evaluations for the above 6 schemes

(but no specific health outcome or patient reported outcome in any service)

3. Primary qualitative interviews with GP's

(only mentioned Satellite Units, Pharmacy, Social Worker Out of Hours, Roving GP and SPA)

Reported Successes

- **Out of Hours GP appointments**
  - 23,904 additional appointments
  - 90% patient approval
  - 30% of patients reported A&E was their alternative
  - heavy use by young and poor patients
- **Primary Care Pharmacy**
  - recorded 18,044 individual activities –medicines management
  - New practice "protocols"- for new ways of working
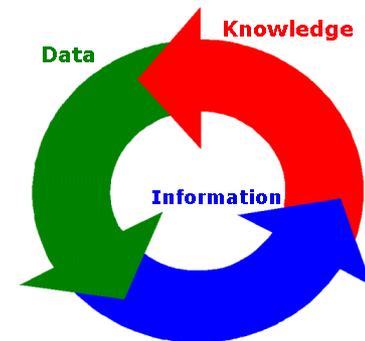
Issues for the Evaluation team

- Service usage helped to understand process but without link usage data with hospital and Emergency Department usage data no outcomes of the programme.

- Many NHS services have limited data and poor capacity to collect and analyse their own data

- Services unable to monitor health improvements from prevention/ new delivery

GPs didn't recognised change and couldn't see benefit ….and had no direct access to data

"I'm not aware of anything that's changed, so again I think there's probably a lot of information I'm not aware of here"

Whether the patients have actually noticed any improvement in access, or any benefit to the care they're getting, I doubt it .... Perhaps if they were coming here rather than to a satellite, it might have been more convenient and better for them to have a familiar doctor seeing them. So it's not necessarily been a good thing from their point of view.

But we found that contrary to predictions, the additional access to primary care out of hours was taken up by the young and the more deprived
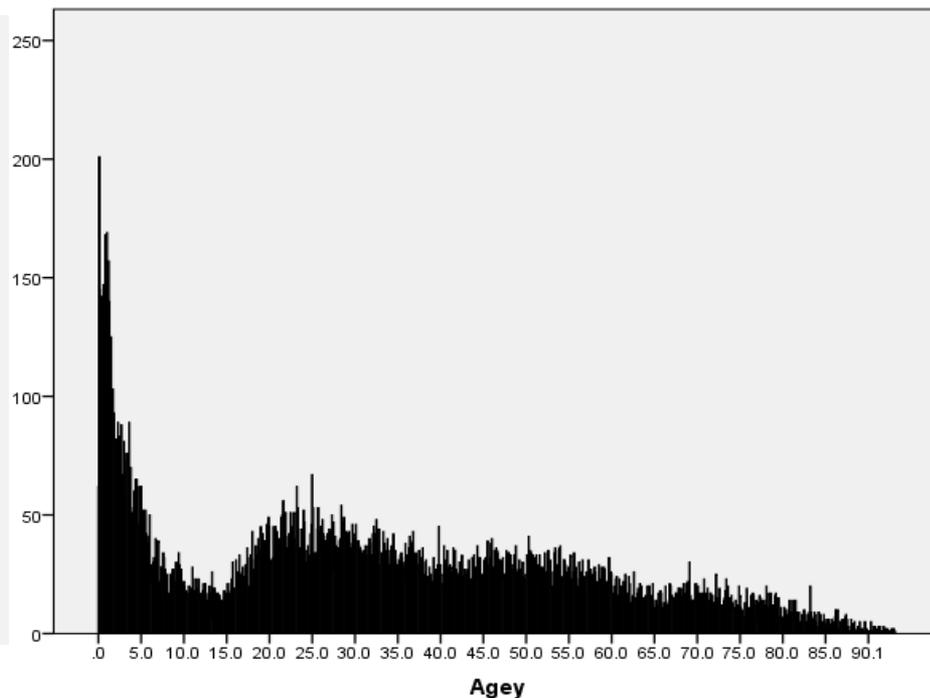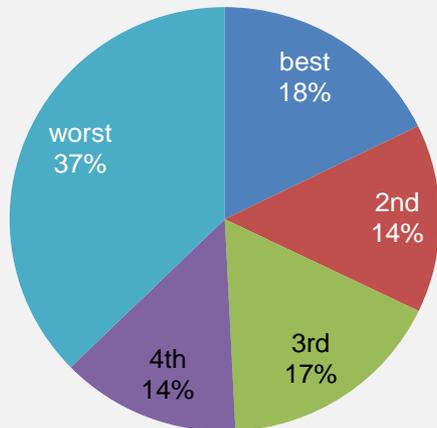
The evaluation suggested that the programme had identified unmet need in the population of primary care users

Evaluation supports evidence based decision making

- The evaluation was very limited in scope – relative to the scale of the programme

- Sampling was not exhaustive and will be context specific so generalisability to all EPCP cannot be assumed

- But this realist approach may support practitioners and decision makers

- Systems level transformation in the UK needs to focus on data collection and health impact in populations.

Developmental Evaluation, accepts that practice decisions happen in real time and seeks to work within this logic model (below)

Both data synthesis and literature review seek to support and inform i.e in this case;

-collaborative team-based approaches are effective to change practice of primary healthcare professionals.
-Financial incentives to family physicians do not influence long-term practice change.
Chauhan, B. F., Jeyaraman, M., Mann, A. S., Lys, J., Skidmore, B., Sibley, K. M., ... & Zarychanksi, R. (2017). Behavior change interventions and policies influencing primary healthcare professionals' practice—an overview of reviews. Implementation Science, 12(1), 3.

| Resources/Inputs | Activities | Outputs | Outcomes | Impact |
| 1 | 2 | 3 | 4 | 5 |

Your Planned Work — Your Intended Results

Conclusions

Sheffield Hallam University
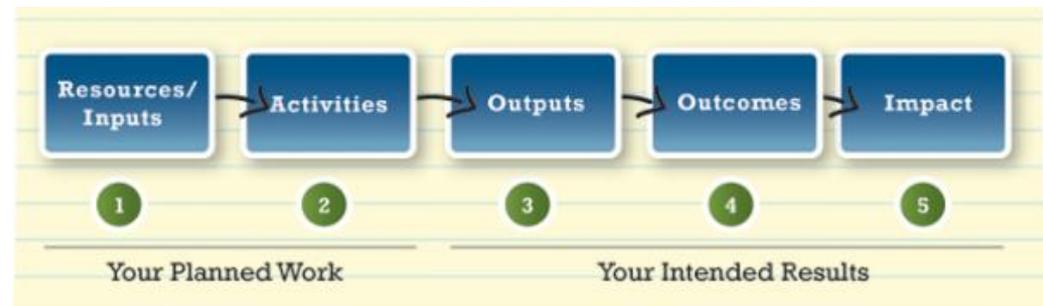
Pragmatic synthesis

- Evaluation supports data synthesis in complex real world settings

- Identified 'failings' in the programme theory are common to many high level policy implementation programmes

- Findings can be published as health research and case studies

In relation to the Improvement Plan

- Primary care is a major challenge, to co-ordinate and collaborate in larger consortiums driven primarily by CCG's .

- Organisational development plans support evidence-synthesis and engage stakeholders in change

- Shared findings and literature supported understanding of health inequality in relation to access to primary care